

Fill in this information to identify the case:	
Debtor 1	_____
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	District of _____
Case number _____	

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Lisandra Valentin Villegas

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

No

Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Lisandra Valentin Villegas

Name

Number Street

PO Box 335

City

State

ZIP Code

Contact phone

939 218-1986

Contact email

Lisandra.Valentin@familia.gov

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known) _____

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: Sistema de Retiro del gobierno de PR.

7. How much is the claim? \$ 70,000. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Aportación acumulada del Retiro

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection:
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: Aportación Plan de Retiro

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	Amount entitled to priority
	<input type="checkbox"/> Yes. Check one:	
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies.	\$ _____
* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

01/19/2020
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

Lisandra Valentin Villegas
First name Middle name Last name

Title

Oficial Administrativo

Company

Depto de la Familia

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

PO Box 335

Number Street

Carolina PR 00978

City State ZIP Code

Contact phone

939 218-1986 Email

lisandra.valentin@familia.gov



GOBIERNO DE PUERTO RICO

Administración de los Sistemas de Retiro
de los Empleados del Gobierno y la Judicatura

ESTADO DE CUENTA ESTIMADO

13 de enero de 2020

Agencia: 410 - ADMINISTRAC DESARROLLO SOCIAL ECONOMICO

LISANDRA VALENTIN VILLEGAS
PO BOX 335

Seguro Social: XXX-XX-6411

SAINT JUST, PR 00978

A base de la información en nuestros registros, al 13 de enero de 2020 usted posee:

Fecha de Nacimiento: 29 de julio de 1961

Género: Femenino

Fecha de Ingreso al Servicio Público: 01 de julio de 1989

Fecha de Comienzo de Cotización: 01 de julio de 1989

Ley 447 al 30 de junio de 2013	Ley 3 - 2013 al 30 de junio de 2017	Ley 106
Años Acreditados: 24	Tiempo Trabajado: 4 Aportaciones: 11,207.32 Intereses: 890.67 Gastos Teneduría: 0.00	Tiempo Trabajado: 2.42 Aportaciones: 6,052.07 Intereses: 0.00 Gastos Teneduría: 0.00
Servicio No Cotizado		
Pagado: 0.00 Tiempo: 0.00	Total Aportaciones: 12,097.99 Beneficio: 66.77	Total Aportaciones: 6,052.07 Beneficio: 0.00
Balance Acumulado: 37,226.04 Beneficio: 813.49		

Los balances aquí reflejados por concepto de Aportación Individual y Años de Servicio están sujetos a revisión.

En caso de que la información no coincida con sus registros, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia, Municipio o entidad correspondiente.

Le recordamos que previo a radicar una solicitud de pensión, deberá solicitar su Estado de Cuenta oficial a través de su Coordinador.

Cordialmente,

Unidad de Estado de Cuenta
Área de Participantes

